

Society Reports.

THE NEW YORK NEUROLOGICAL SOCIETY.

*Stated Meeting, held at the New York Academy of Medicine
on Tuesday Evening, January 3, 1893.*

SOME REMARKS ON OXALURIA AND ITS RELATIONS TO CERTAIN FORMS OF NERVOUS DISEASES.

Dr. I. ADLER read a paper on this subject. He stated that the presence of the oxalate of lime crystals in the urine has been the subject of much discussion. Our present knowledge regarding the subject is rather unsatisfactory. There is much that is still obscure pertaining to it, and on very few of even the fundamental points has unanimity of opinion been obtained. Most plants and vegetables used as food contain oxalic acid, some of them a very large percentage, and all or nearly all of this taken into the system, reappears again in the urine--some perhaps in the feces. From this it appears that oxalic acid does occur in the urine of healthy persons. On this point all authors are now agreed. It is also probable that oxalic acid may originate in the course of normal metabolic changes. The presence of oxalic acid in the urine was once believed to be due to the incomplete oxidation of uric acid; but this theory no longer obtains. The fact that uric acid can be separated into uric and oxalic acid does not prove the above theory.

Oxaluria, as an independent type of disease, Dr. Adler said, does not exist. The speaker then reviewed Cantani's treatise on this subject, in which that author asserts that oxaluria is a distinct disease characterized by certain well-marked symptoms, among them being insomnia, loss of appetite, melancholia, suicidal tendencies, headache, constipation, sexual impotence, emaciation, etc. These symptoms, Dr. Adler said, were not due to the presence of oxalic acid in the urine. To prove this fact he had had a careful quantitative analysis

made of the amount of oxalic acid (also determining the amount of urea and uric acid) contained in the urine of a large number of persons suffering from various diseases, such as neurasthenia, the gouty diathesis, etc. In some of these cases the symptoms ascribed by Cantani as due to oxaluria were present, but no possible relation could be traced between them and the amount of oxalic acid in the urine.

In concluding his paper, Dr. Adler made the following statements:—

1. That oxalic acid is a normal, although possibly not a constant constituent of the urine.

2. The amount present in a given quantity of urine can be determined with any degree of accuracy only by a quantitative analysis.

3. The chief source of oxalic acid in the urine is the oxalic acid contained in the food. It is probable, however, that minute quantities are produced in the normal metabolism.

4. Impeded respiration and diseases of the heart and lungs do not of themselves tend to produce an excess of oxalic acid.

5. The establishment of pathological oxaluria as a disease, *sui generis*, cannot be done.

6. The nervous symptoms ascribed to pathological oxaluria are not caused by an excess of oxalic acid in the urine.

7. Where such excess does occur, which cannot be accounted for by the ingesta, it is probably one of several symptoms of metabolic changes, primarily caused by alterations in the nervous or digestive systems, or both.

8. In examining the urine for oxalic acid, it is of the utmost importance to consider its other ingredients as well, particularly urea and uric acid.

Dr. C. A. HERTER referred to the various methods of making a quantitative analysis of the amount of oxalic acid in the urine, and the enormous amount of labor involved. He did not agree with Dr. Adler's statement that a great many cases of so-called oxaluria are not pathological. He is not prepared to accept the proposition that there is no such thing as pathological oxaluria. He is inclined to think that in cases where we have defective digestion, especially in the intestines, the carbohydrates are likely to be transformed into oxalic acid where normally they would not be so transformed. He does not believe, however, that oxalic acid is ever the

cause of the symptoms named by Dr. Adler. We must take other constituents of the urine into consideration, such, for instance, as uric acid and creatinine: the latter is a substance in which even more nitrogen is excreted than in the uric acid. The diphtherial sulphates in the urine must also be considered. They are often present in excess in neurasthenic conditions where there is oxaluria and where there is also an excess of uric acid. Dr. Herter said he is inclined to think that the old theory of the formation of oxalate of lime out of uric acid is an exploded one.

Dr. L. WEBER said that his clinical observations were fully in accord with the ideas expressed in Dr. Adler's paper. He does not believe in the existence of a disease to be designated oxaluria, but he has met with many cases of a disordered state of the system brought on by various causes in which he found (not by quantitative analysis, but by frequent and careful examination with the microscope) oxalic acid in the urine, besides, in every case, an increased amount of uric acid.

Dr. CHARLES HEITZMAN stated that he sees many cases of so-called oxaluria, and the appearance of these patients is usually characteristic. Sleeplessness, indigestion and fits of melancholia are the more common symptoms he has found in them. Contrary to Dr. Adler's experiments, he has usually found the specific gravity of the urine high, from 1034 to 1036. Regarding the treatment of these cases, Dr. Heitzman recommended a meat diet, the exclusion of sugars and farinaceous substances, and vigorous outdoor exercise. He stated that he felt convinced that there is a condition of the system wherein the amount of oxalic acid excreted by the urine is far in excess to that taken in with the food, and he could not agree with Dr. Adler's statement that there is no such thing as a real pathological oxaluria.

Dr. MARY PUTMAN JACOBI stated it seemed to her that Dr. Adler's conclusion that the oxalate of lime contained in the urine is rather an accessory product of a disordered function than a cause in producing it is very true. She referred to some experiments made by Dr. Chadwick, of Boston, in a series of cases in which the patients were operated upon on the supposition that there was a stone in the pelvis of the kidney. No stone was found, but the symptoms disappeared. In these cases the attacks of renal colic were followed by a copious discharge of oxalate of lime crystals in the urine, after which the patients remained quite free from pain for some time.

Dr. A. B. ROCKWELL said he was much interested to note the frequency with which oxalate of lime crystals have appeared in the urine, in certain neurasthenic cases associated with a disordered heart's action. Such a case recently came under his observation. A physician, who suffered from neurasthenia and had frequent attacks of palpitation, noticed repeatedly that this excessive heart's action was always associated with an abundance of oxalate of lime crystals in the urine. Dr. Rockwell said he has also often found them present in large quantities in spermatorrhœa.

The PRESIDENT said that we cannot study neurasthenic conditions carefully without coming to the conclusion that the trouble lies in the chemistry of nutrition. It is very easy to jump to the conclusion that any substance of an abnormal character in the urine or feces gives rise to a certain morbid condition, but this is a wrong conclusion. The oxalates, the urates, the indican, etc., may occur in excess in the urine, but they are end products. The statements made in Dr. Adler's paper, based on such careful quantitative analyses of the urine, should be regarded as very valuable. It is much more difficult to destroy a wrong theory than to originate a new one.

Dr. ADLER, in closing the discussion, said that the local precipitation of the oxalates seems to be independent of any positive excess excreted. Calculi consisting of the oxalates can form in the kidney and bladder without there being an absolute excess of the salts in the urine.

REPORT OF A CASE OF CYSTIC TUMOR OF THE BRAIN OPERATED UPON WITH SUCCESS. PRESENTATION OF THE PATIENT.

BY DR. LEO STEIGLITZ.

The patient was a female, twenty-five years of age. She was married in April, 1891. Previous to her marriage she had always been well; there is no hereditary taint of any kind and no history of traumatism or convulsions prior to her present trouble. In October, 1891, the patient, while quietly talking with her husband, suddenly felt twitchings in the thumb and forefinger of her right hand; the convulsive twitchings spread rapidly, extending up to the shoulder and face, and led, finally,